

AGENDA ITEM

2.1.3

AUDIT & RISK COMMITTEE
**RISK MANAGEMENT STRATEGY
AND
RISK MANAGEMENT POLICY**
Date of meeting

28/04/2022

FOI Status

Open/Public

If closed please indicate reason

Not Applicable - Public Report

Prepared by

Cally Hamblyn, Assistant Director of Governance & Risk

Presented by

Cally Hamblyn, Assistant Director of Governance & Risk

Approving Executive Sponsor

Director of Corporate Governance

Report purpose

FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)
Committee/Group/Individuals
Date
Outcome

Informal Consultation with interested parties (Identified risk leads, Strategic Leadership Group)

8th April 2022

Endorsed

Formal Consultation

8th April 2022

Endorsed

ACRONYMS

None identified.

1. SITUATION/BACKGROUND

- 1.1 The purpose of the Risk Management Strategy and Risk Management Policy is outlined below:

Risk Management Strategy

The purpose of the strategy is to provide guidance to all staff on the management of strategic and operational risks and the Board Assurance Framework within the organisation.

It aims to:

- set out respective responsibilities for strategic and operational risk management for the Board and staff throughout the organisation;
- set out responsibility for Board committees, in particular, the Audit and Risk Committee; and
- describe the procedures to be used in identifying, analysing, evaluating and controlling risks to the delivery of strategic objectives.

Risk Management Policy:

The purpose of this Policy is to lay the foundations for an effective risk management system and ensure that;

- all risks that could cause harm are identified and that control mechanisms are implemented;
- that satisfactory management arrangements are in place for assessing the risk;
- staff know how to undertake a risk assessment and are able to identify and take action to mitigate risk;
- all legal requirements are met.

This Policy sets out the approach to risk management in Cwm Taf Morgannwg University Health Board (CTMUHB).

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

- 2.1 The Strategy and Policy documents have been reviewed predominantly in light of the changes to the Board Assurance Framework, Risk Appetite Statement and Risk Scoring Matrix which were approved by the Board in March 2022. Whilst undertaking the reviews other updates were made to ensure the documents reflected the latest position in terms of the Health Boards risk management approach.



2.2 All changes have been reflected in red.

2.3 Engagement on this Policy and Procedure has taken place with:

Name Title	Date Consulted/Completed
Equality Impact Assessment	20 th November 2021
Informal Consultation with interested parties (<i>Identified risk leads, Strategic Leadership Group</i>)	8 th April 2022
Formal Consultation	8 th April 2022
Audit & Risk Committee – Endorsed for Board Approval	Pending.

2.4 Organisational values and behaviours have been reflected within the documents.



3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

3.1 Please note that only minor typographical amendments were made as a result of the various consultation stages.

3.2 A review of the Risk Management Procedure will commence following the completion of the review of the Operating Model.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	To ensure that there is a system and process so that all risks which could cause harm are identified and that control mechanisms are implemented;
Related Health and Care standard(s)	Governance, Leadership and Accountability
	If more than one Healthcare Standard applies please list below:



Equality impact assessment completed	Yes
	See Policy and Strategy Document.
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Well-being Objectives	Improving Care

5. RECOMMENDATION

- 5.1 The Committee is asked to **ENSURSE APPROVAL** of the:
- Risk Management Strategy
 - Risk Management Policy
- 5.2 The documents will then proceed for formal approval by the Board at the end of May.